

## **LOWELL DECL. EX. 51**



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2 October 2005

Psychiatric Evaluation: Leor Thaler  
Date of Birth: [REDACTED] 1987

*This evaluation is based on clinical interview and formal psychiatric evaluation ratings as well as corroborating information supplied by family report. My opinions are stated within a reasonable degree of medical certainty.*

Identifying Information

Leor Thaler is an 18-year-old dual USA and Israeli citizen currently residing in Israel. He was born in Brooklyn, New York and immigrated to Israel with his family in 1995 at the age of 8. He is currently single, unemployed and remains in no educational or occupational framework.

Presenting Problem

On 16 February 2002, Leor was injured in a suicide terrorist bombing. On a Saturday night after completion of the Sabbath where he lived in Kamei Shomron, Leor went to eat pizza with his best friend Nehemiah Amar. While buying pizza and speaking with other friends who were present at the pizza store, an Arab man who had explosives strapped to himself exploded severely injuring Leor and several others of his friends. His best friend Nehemiah as well as Leor's older sister Rachel, who happened by chance also to be present eating at the pizza store, were killed. Rachel died 12 days after the bombing while being treated for injuries in the hospital. Following the blast Leor remembers that he arose, walked a little and then collapsed. He saw black and then body parts surrounding him on the floor. This was associated at the time with intense anxiety and confusion. He felt his "body in shock". He felt all cold and soon experienced severe pain. He observed nails in his arms and legs and removed some of them himself at the scene of the blast. He remembers lapsing in and out of consciousness until being sent to hospital. While he could remember most of what had transpired at the scene, he does report some memory loss after regaining consciousness of which most, if not all, has returned with time. He admits that some details of the event itself remain unclear though he still vividly remembers the blast and its aftermath. He was described by the hospital medical reports as being "severely injured". Injuries sustained included burns (first and second degree) on body, face, legs and hands, shrapnel injuries scattered throughout his body as well as nails embedded in several places of his body. Two nails were removed from his neck, which were considered to have been close to paralyzing him. Furthermore he was found to have a ruptured gallbladder that was subsequently removed as well as bowel

injuries. His ear was "tom off" with his tympanic membrane ruptured resulting to this day in diminished hearing as per his self-report. Due to the severe burns, he underwent several skin transplants. Furthermore, he had metal pins inserted into his hip and remained hospitalized for 3 weeks during which time he was transferred to the hospital where his sister was being treated so that he could be close to her (she died while he was there). His hospitalization was remembered by Leor as an intensely uncomfortable and painful experience with complete loss of control and with several medical complications including peritonitis. He then underwent a further period lasting one year of comprehensive rehabilitation including several further surgeries (shrapnel removal, Eardrum transplant etc). Due to his psychological state, he was recommended to see a psychiatrist. However Leor was intensely fearful of this and refused at the time despite pleas from the medical staff based on his mental state.

#### Long-term Psychological Sequelae Following the Event

It should be emphasized that prior to the suicide bombing, Leor was a highly functional young man with normal developmental history and no evidence of any history of neurological or psychiatric illness. He was very active in the range of activities expected for someone of his age. He was known as an intelligent, popular and very sociable young adolescent with many male and female friends. However all this changed following the explosion. Following the event, he was required to undergo a lengthy rehabilitative process that occupied most of his time for the first year following the event. This was accomplished with a team including therapy in the fields of physical therapy, occupational therapy and social work. Leor reports that his life was significantly altered as a result of his injuries and experience due to the explosion. This obviously included the loss of his best friend and sister. While Rachel was his sister, to this day (perhaps as a defense against the pain involved) he continues to maintain that the loss of his best friend was the most difficult for him since this friend meant so much to him as they were inseparable. While his physical problems were being managed during the process of rehabilitation, fairly soon after the event Leor began to present evidence of psychological difficulties manifesting as behavioral problems, academic difficulties and social withdrawal in several contexts. He however refused help at the time from psychological services. He began smoking cigarettes heavily despite his young age as well, as well as abusing marijuana. It should be emphasized that none of this behavior, most importantly smoking both cigarettes and marijuana, was present prior to the explosion. Furthermore since the event, he reports that his sleep was significantly affected, and which he reports to this day (over 3 years since the event) has not returned to its baseline. This includes vivid morbid dreams and intermittent sleep awakenings. He also reports periodic flashbacks to this day as well as experiencing recollections of the explosion despite his best efforts at trying to prevent them. As per Leor's self-report, these "flashbacks" are accompanied with bouts of what he terms "severe depression". These chronic "bouts" are accompanied with diminished enjoyment of and some avoidance of activities that previously had provided him pleasure. He also reports experiencing feelings of detachment at times from his surroundings including significant others (family and friends). He however denies any overt physiological response on exposure to events which remind him of the explosion such as from the news. He had until recently refused help for these depressive episodes and behavioral difficulties. More recently due to his substance abuse and subsequent arrest by the police, he was forced to undergo regular psychotherapy by a professional psychologist. He reports this

relationship with the psychologist to be a good one despite his initial hesitation and misgivings.

Following more in depth probing of thoughts in the aftermath of the bombing, Leor reports that much of his subsequent behavioral problems and substance abuse, which he continues to emphasize were not present prior to the bombing, were due to him not wanting to live. He reports that to this day he still feels he has no fear of dying since he saw so much death around him. In addition, he feels intense guilt still to this day that he did not die but rather his best friend (and sister). He feels at least that he should have died with them. Thus he provides a clear picture of passive chronic "death" ideation to a significant degree however without any plan regarding any suicidal ideation. There has been some mild improvement over the past year, however the intensity continues to prevail. On probing he admits to experiencing an "indifference and apathy to the world". He feels alienated and has persistent thoughts of death though does not report any active suicidal ideation at the time of the interview or in the past. For the first year he reports that he did not speak to anyone due to his deep depression. As a consequence all his relationships and academic studies were drastically affected. He in essence never returned to any serious academic studies, from which he continues to reap the consequences due to lack of any firm academic background and potential to study for any higher academic learning. Subsequently his professional opportunities are irreversibly affected as per his report. He remains somewhat bitter as a result but will "cope in my own way". He reports that he continues to see the world as "black:" and "futile". He intermittently continues to experience emotions of anger, revenge, bitterness and hate. Once again, Leor reports that none of these sentiments were previously experienced by him and that before the explosion he wanted peace and felt positively towards his Arab neighbors. He strongly maintains that the blast slowed down all his progress in life. It should also be noted that since the explosion, Leor stopped believing in God and all forms of religion. In fact he reports quite strongly that he "hates God" and feels that all forms of religion have no meaning. He continues to walk with the date of the explosion in his telephone and looks at the date from time to time to remind him of the event, what happened and how his life has been "irreversibly affected". He subsequently sees his future as "black" and "non-existent". It should also be mentioned that for Leor to be in a combat unit in the army was one of his greatest ambitions. All this was lost since the explosion and he became unacceptable to the army based on his injuries and therefore exempt from military service. This was a major blow for him since he wanted to be in the combat "canine unit". This had been a long standing dream of his which he was unable to actualize due to the injuries he sustained resulting in impairment of prime physical function as well as due to academic limitations as detailed above. Thus his "whole life was changed since the event".

After the event he attempted to return to school. He had experiences at two different schools but subsequently dropped out at both due to inability to concentrate. He developed significant learning difficulties and never completed matriculation studies (*bagrut*). He now occasionally works odd jobs such as waitering etc with very limited financial compensation and has no direction for the future in the areas of social, academic and occupational function. It should also be noted that his problems are compounded by the fact that his parents are divorced and he feels somewhat alienated from his father. Despite this he reports that he is closer to his mother but that neither

of his parents were able to satisfy the intensity of his emotional needs following the bombing incident.

Thus while Leor was always known as a sociable and cooperative individual, he underwent some significant personality and interpersonal behavioral changes following the blast. These include behaviors which have bordered on the sociopathic (substance abuse, delinquency etc), none of which were evident prior to the traumatic event.

#### Previous Psychiatric Illnesses

Prior to the bombing event, Leor did not demonstrate any signs of mood disorder or behavioral problems whatsoever. He was known to be a well-adjusted young adolescent, popular and liked by peers. He reports no family history of psychiatric illness.

#### Alcohol or Substance History

He reports daily use of cigarettes and intermittent marijuana and heavy alcohol use since the bombing incident. Once again, prior to the bombing none of these substances were ever used. Reports that use of marijuana dulls the memory of the traumatic event.

#### Current Medical Illnesses

He reports residual disability and problems remaining from the injuries sustained in the bombing which have permanently impacted his life and physical function. These include scattered body scarring. He also describes chronic discomfort in areas of the shrapnel. He reports to this day finding residual pieces of shrapnel under his skin and removing them by himself.

#### Mental Status

*General appearance:* Disheveled and dressed relatively appropriately for his age. Poorly groomed. Reported distinct ambivalence at attending evaluation since it brings up very unpleasant memories.

*Behavior:* Relatively calm, but distinctly uncomfortable when recalling the bombing event as evidenced by facial seriousness, body shifting and fidgeting.

*Affect:* Full range, with obvious constriction of affect and tension when discussing the distressing event. Appears distant and apathetic in general.

*Mood:* Mood appeared dysphoric. Reports that he feels that nothing really is worth enjoying. Reports that he continues to experience disturbing dreams intermittently. Persistent low mood appears to be consistent with chronic dysthymia.

*Speech:* Clear and coherent

*Thought disorder:* No evidence of formal thought disorder.

*Thought Content:* No evidence of delusional content.

*Perceptual Disorder:* No evidence of past or present hallucinations. No evidence of psychosis.

*Neurocognitive and neuropsychiatric status:* fully alert and oriented. He appears to be highly intelligent as evidenced by language and emotional content. Short-term memory and long-term memory for 3 objects after 5 minutes is intact. Spatial memory and verbal memory appears intact as expressed in the ability to remember names of objects and where they have been placed around the room. His concentration and attention ability appears mildly impaired as evidenced by brief number testing.



Naming ability is intact. Reports that he tires easily while reading and attention is not sustained over a significant time period. No evidence of ideomotor apraxia or visual agnosia.

*Impulse Control:* Appears intact at present.

*Insight:* Appears good.

*Judgment:* Good.

*Reliability of Mental status and interview:* very good.

#### Psychological Testing

CAPS-2 rating scale was administered. Scores indicate presence of moderate PTSD. Please see attached document with detailed scoring.

#### Summary of Observations

Leor Thaler is an 18-year old young male with obvious signs of chronic PTSD and associated depressive disorder following severe injury experienced in a suicide bombing while present at a pizza store close to 3 and a half years ago. During the event his older sister and best friend were killed. The diagnosis of PTSD is evidenced and substantiated by exposure to an event involving actual threatened death and serious injury. He experienced very obvious fear and feelings of helplessness at the time of the event during which he was sure that he was about to die himself. Subsequently over the months and years following the event, he reports experiencing classic PTSD symptomatology of recurrent intrusive recollections and dreams of the bombing. In addition, he reported clear efforts to avoid thoughts and memories of the event as well as an inability to remember aspects of the trauma. Following the event his behavior underwent marked change from previous behavior as evidenced by failure to complete school, social withdrawal and substance abuse. He also describes feelings of detachment from significant others in his life. He experiences associated depressive symptomatology as evidenced by chronic anhedonia and failure to find or desire any direction in life. Despite the lack of formal neuropsychiatric assessment, Leor appears to demonstrate evidence of mild neuropsychiatric impairment with impairment in concentration following the event as well as inability to complete school and fulfill his dreams and aspirations of enlisting in a military canine unit. It is important to note this impairment in academic functioning following the event. The duration of the PTSD symptomatology can be considered chronic since they have lasted far longer than the required 3 months for the designation of chronic disorder. Clinical diagnosis is corroborated with CAPS-2 scoring.

#### Prognosis

Leor continues to demonstrate marked impairment in general function in the years following the event. These factors include but are not limited to dysfunctional social and academic function. Unfortunately due to his significantly impaired academic and schooling background, his occupational and higher studies opportunities remain very limited. In addition, he continues to demonstrate some overt PTSD symptomatology and remains unfortunately very resistant and closed to talking about some of the deep pain he experienced and which appears he still continues to experience. Based on these persistent features of PTSD and inability to remain in any stable academic or occupational framework, it is my opinion that unfortunately Leor will continue in the future to suffer chronic symptomatology in the aftermath of the bombing despite considerable time having elapsed since the event. Considering his young age and the bombing coming at a critical period in his development, during which an important

educational grounding is set, it is clear that the bombing has resulted in irreparable harm from a social, educational and psychiatric standpoint. He is a youth who has sustained severe damage during his critical mid adolescent years and which appears to be now manifested in several aspects of his life choices and opportunities (or the lack thereof). It appears that it will be close to impossible for him to return his previous optimal level of functioning and that this altered level of functioning will continue to affect his relationships, occupational opportunities and life path in the future.

#### Diagnostic Formulation

Axis I: Chronic PTSD (moderate to severe)  
Major Depression in partial remission, R/O chronic dysthymia  
Polysubstance Abuse since the event

Axis II: None

Axis III: Complete left homonymous hemianopia, scar tissue on his neck.  
Considerable neuropsychiatric impairment as evidenced by impaired spatial memory, prosopagnosia and simultagnosia.

#### Recommendations

Leor still demonstrates some PTSD symptomatology which could be helped by ongoing supportive psychotherapy which he is currently undergoing with a professional psychologist. I see no need to push for pharmacological management at this stage considering his strong resistance to medication management. This is despite the fact that medication may be indicated considering the chronicity of his PTSD symptomatology and inability to move forward with his life.

#### Addendum

Despite 3 and a half years having elapsed since the bombing, Leor's mental status remains very "fragile". Recollecting the event and discussing the factual and emotional content still causes him significant distress suggesting that he still has far to go before he is free from effects of the bombing. On the basis of this, in my opinion it appears that it would be clinically inadvisable for this young man to appear in court in order to relive his experiences unless it is absolutely necessary. This is especially pertinent considering his strong resistance to discuss the event due to distress experienced in the process. It would be a pity for him to clinically regress at this stage.

Rael Strous MD

Attachments: CAPS-2 rating scale results  
Curriculum Vitae (Rael Strous MD)



## Form 2 - One-Week Symptom Status Version

Lier Thaler

A. Traumatic event

B. The traumatic event is persistently reexperienced:

(1) recurrent and intrusive distressing recollections of the event

Frequency

In the past week, have you experienced unwanted memories of the event(s) without being exposed to something that reminded you of the event? Did these memories occur while you were awake, or only in dreams? [Exclude if memories only occurred during dreams] How often?

- 0 Never  
 1 Once  
 ② Two or three times  
 3 Four or five times  
 4 Daily or almost every day

Description/Examples:Intensity

At their worst, how much distress or discomfort did these memories cause you? Did these memories cause you to stop what you were doing? - Are you able to dismiss the memories if you try?

- 0 None  
 ① Mild, minimal distress  
 2 Moderate, distress clearly present but still manageable, some disruption of activities  
 3 Severe, considerable distress, marked disruption of activities and difficulty dismissing memories  
 4 Extreme, incapacitating distress, unable to continue activities and cannot dismiss memories

C	L
QV	QV
F	F
I	I

(2) Intense psychological distress at exposure to events that symbolize or resemble an aspect of the traumatic event, including anniversaries of the trauma.

Frequency

In the past week, have you gotten upset when you were exposed to things that reminded you of the event(s)? [For example, particular males for rape victims, tree lines or wooded areas for combat veterans] How often?

- 0 Never  
 ① Once  
 2 Two or three times  
 3 Four or five times  
 4 Daily or almost every day

Description/Examples:Intensity

At its worst, how much distress or discomfort did exposure to these reminders cause you?

- 0 None  
 1 Mild, minimal distress  
 ② Moderate, distress clearly present but still manageable  
 3 Severe, considerable distress  
 4 Extreme, incapacitating distress

C	L
QV	QV
F	F
I	I

- (3) sudden acting or feeling as if the traumatic event were recurring (including the experience, illusions, hallucinations, and dissociative [flashback] episodes, even those that occur upon awakening or when intoxicated)

Frequency

In the past week, have you suddenly acted or felt as if the event(s) was happening again? How often?

- 0 Never  
 1 Once  
 2 Two or three times  
 3 Four or five times  
 4 Daily or almost every day

Description/Examples:Intensity

At its worst, how much did it seem that the event(s) was happening again? How long did it last? What did you do while this was happening?

- 0 Not at all  
 1 Mild, slightly more realistic than just thinking about the event  
 2 Moderate, definite but transient dissociative quality; still very aware of surroundings; daydreaming quality  
 3 Severe, strongly dissociative (reports images, sounds, smells), but retained some awareness of surroundings  
 4 Extreme, complete dissociation (flashback), no awareness of surroundings, possible amnesia for the episode (blackout)

C	I
QV	QV
F	F
I	I

- (4) recurrent distressing dreams of the event

Frequency

In the past week, have you had unpleasant dreams about the event(s)? How often?

- 0 Never  
 1 Once  
 2 Two or three times  
 3 Four or five times  
 4 Nightly or almost every night

Description/Examples:Intensity

At their worst, how much distress or discomfort did these dreams cause you? Did these dreams wake you up? [If yes, ask:] What were you feeling or doing when you awoke? How long does it usually take to get back to sleep? [Listen for report of panic symptoms, yelling, posturing]

- 0 None  
 1 Mild, minimal distress, did not awaken  
 2 Moderate, awoke in distress but readily returned to sleep  
 3 Severe, considerable distress, difficulty returning to sleep  
 4 Extreme, overwhelming or incapacitating distress, could not return to sleep

C	I
QV	QV
F	F
I	I

Criterion B

\_\_\_\_\_ Total frequency / 4 = \_\_\_\_\_ Mean frequency

\_\_\_\_\_ Total intensity / 4 = \_\_\_\_\_ Mean intensity

C. *Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness (not present before the trauma)*

(5) efforts to avoid thoughts or feelings associated with the trauma

Frequency

In the past week, have you tried to avoid thinking about the event(s)? Have you tried to avoid feelings related to the event(s) (e.g., rage, sadness, guilt)? How often?

- 0 Never
- 1 Once
- ☒ 2 Two or three times
- 3 Four or five times
- 4 Daily or almost every day

Description/Examples:

Intensity

How much effort did you make to avoid thoughts or feelings related to the event(s)? [rate all attempts at cognitive avoidance, including distraction, suppression, and reducing awareness with alcohol or drugs]

- 0 No effort
- ☒ 1 Mild, minimal effort
- 2 Moderate, some effort, avoidance definitely present
- 3 Severe, considerable effort, marked avoidance
- 4 Extreme, drastic attempts at avoidance

C	L
QV	QV
F	F
I	I

(6) efforts to avoid activities or situations that arouse recollections of the trauma

Frequency

In the past week, have you tried to stay away from activities or situations that reminded you of the event(s)? How often?

- 0 Never
- ☒ 1 Once
- 2 Two or three times
- 3 Four or five times
- 4 Daily or almost every day

Description/Examples:

Intensity

How much effort did you make to avoid activities or situations related to the event(s)? [rate all attempts at behavioral avoidance, e.g., combat veteran who avoids veteran activities, war movies, etc.]

- 0 No effort
- 1 Mild, minimal effort
- ☒ 2 Moderate, some effort, avoidance definitely present
- 3 Severe, considerable effort, marked avoidance
- 4 Extreme, drastic attempts at avoidance

C	L
QV	QV
F	F
I	I

## (7) Inability to recall an important aspect of the trauma (psychogenic amnesia)

Frequency

In the past week, have you been unable to remember important parts of the event(s) (e.g., names, faces, sequence of events)? How much of the event(s) have you had difficulty remembering?

- 0 None, clear memory of event(s)
- 1 Few aspects of event(s) not remembered (less than 10%)
- 2 Some aspects of the event(s) not remembered (approx 20-30%)
- 3 Many aspects of the event(s) not remembered (approx 50-60%)
- 4 Most of event(s) not remembered (more than 80%)

Intensity

How much difficulty did you have recalling important parts of the event(s)?

- 0 No difficulty at recalling event(s)
- 1 Mild, minimal difficulty recalling event(s)
- 2 Moderate, some difficulty, could recall event(s) with concentration
- 3 Severe, considerable difficulty recalling the event(s)
- 4 Extreme, completely unable to recall the event(s)

C	L
QV	QV
F	F
I	I

Description/Examples:

## (8) markedly diminished interest in significant activities

Frequency

In the past week, have you been less interested in important activities that once gave you pleasure, such as sports, hobbies, or social activities? As compared to before the event(s), how many activities have you had less interest in?

- 0 No loss of interest
- 1 Few activities (less than 10%)
- 2 Several activities (approx 20-30%)
- 3 Many activities (approx 50-60%)
- 4 Most activities (more than 80%)

Intensity

At its worst, how strong was your loss of interest in these activities?

- 0 No loss of interest
- 1 Mild, only slight loss of interest, probably would enjoy after starting activities
- 2 Moderate, definite loss of interest, but still has some enjoyment of activities
- 3 Severe, marked loss of interest in activities
- 4 Extreme, complete loss of interest, intentionally does not engage in activities

C	L
QV	QV
F	F
I	I

Description/Examples:

## (9) feelings of detachment or estrangement from others

Frequency

In the past week, have you felt distant or cut off from those around you? Is this different from how you felt before the event(s)? How much of the time have you felt this way?

- 0 None of the time
- 1 Very little of the time (less than 10%)
- 2 Some of the time (approx 20-30%)
- 3 Much of the time (approx 50-80%)
- 4 Most or all of the time (more than 80%)

Description/Examples:Intensity

At their worst, how strong were your feelings of being distant or cut off from others? Who do you feel closest to?

- 0 No feelings of detachment or estrangement
- 1 Mild, occasionally feels "out of synch" with others
- 2 Moderate, feelings of detachment clearly present, but still feels some interpersonal connection or belonging with others
- 3 Severe, marked feelings of detachment or estrangement from most people; may confide in only one person
- 4 Extreme, feels completely detached or estranged from others; not close with anyone

C	L
QV	QV
F	F
I	I

## (10) restricted range of affect, e.g., unable to have loving feelings

Frequency

In the past week, have you had periods where you felt emotionally numb, or had trouble experiencing feelings such as love or happiness? Is this different from how you felt before the event(s)? How much of the time have you felt this way?

- 0 None of the time
- 1 Very little of the time (less than 10%)
- 2 Some of the time (approx 20-30%)
- 3 Much of the time (approx 50-80%)
- 4 Most or all of the time (more than 80%)

Description/Examples:Intensity

At their worst, how strong were your feelings of emotional numbness? (In rating this item include observations of range of affect displayed in interview)

- 0 No emotional numbing
- 1 Mild, slight emotional numbing
- 2 Moderate, emotional numbing clearly present, but still able to experience emotions
- 3 Severe, marked emotional numbing in at least two primary emotions (e.g., love, happiness)
- 4 Extreme, feels completely unemotional

C	L
QV	QV
F	F
I	I

- (11) sense of a foreshortened future, e.g., does not expect to have a career, marriage, children, or a long life

Frequency

In the past week, have you had times when you felt that there is no need to plan for the future, that somehow your future will be cut short? [If yes, rule out realistic risks such as life-threatening medical conditions] Is this different from how you felt before the event(s)? How much of the time have you felt this way?

- 0 None of the time  
 1 Very little of the time (less than 10%)  
 2 Some of the time (approx 20-30%)  
 3 Much of the time (approx 50-60%)  
 4 Most or all of the time (more than 80%)

Description/Examples:

Intensity

At its worst, how strong was this feeling that your future will be cut short? How long do you think you will live? How convinced were you that you will die prematurely?

- 0 No sense of a foreshortened future.  
 1 Mild, slight sense of a foreshortened future  
 2 Moderate, sense of a foreshortened future definitely present, but no specific prediction about longevity  
 3 Severe, marked sense of a foreshortened future; may make specific prediction about longevity  
 4 Extreme, overwhelming sense of a foreshortened future; completely convinced of premature death

C	L
QV	QV
F	F
I	I

Criterion C

\_\_\_\_\_ Total frequency / 7 = \_\_\_\_\_ Mean frequency

\_\_\_\_\_ Total intensity / 7 = \_\_\_\_\_ Mean intensity



## D. Persistent symptoms of increased arousal (not present before the trauma)

## (12) difficulty falling or staying asleep

Frequency

In the past week, have you had any problems falling or staying asleep? Is this different from the way you were sleeping before the event(s)? How often have you had problems sleeping?

- 0 Never  
 ① Once  
 2 Two or three times  
 3 Four or five times  
 4 Nightly or almost every night

Sleep Onset Problems? ☒ Y ☐ N

Mid Sleep Awakening? ☐ Y ☒ N

Early AM Awakening? ☐ Y ☒ N

Total #hrs Sleep/Night \_\_\_\_\_

Desired #hrs Sleep/Night \_\_\_\_\_

Intensity

[Ask probe items and rate overall sleep disturbance] How long did it take you to fall asleep? How many times did you wake up in the night? How many hours total did you sleep each night?

- 0 No sleep problems  
 ① Mild, takes slightly longer to fall asleep, or minimal difficulty staying asleep (up to 30 minutes loss of sleep)  
 2 Moderate, definite sleep disturbance, with clearly longer latency to sleep or clear difficulty staying asleep (30 to 90 minutes loss of sleep)  
 3 Severe, much longer latency to sleep or marked difficulty staying asleep (90 minutes to 3 hours loss of sleep)  
 4 Extreme, very long latency to sleep or profound difficulty staying asleep (greater than 3 hours loss of sleep)

C	L
QV	QV
F	F
I	I

## (13) Irritability or outbursts of anger

Frequency

In the past week, have there been times when you felt unusually irritable, or expressed feelings of anger and acted aggressively? Is this different from how you felt or acted before the event(s)? How often have you felt or acted this way?

- 0 Never  
 1 Once  
 ② Two or three times  
 3 Four or five times  
 4 Daily or almost every day

Description/Examples:

Intensity

How angry were you? In what ways did you express/show anger?

- 0 No irritability or anger  
 1 Mild, minimal irritability, raises voice when angry  
 ② Moderate, irritability clearly present, easily becomes argumentative when angry, but can recover quickly  
 3 Severe, marked irritability, becomes verbally or physically aggressive when angry  
 4 Extreme, pervasive anger, episodes of physical violence

C	L
QV	QV
F	F
I	I

## (14) difficulty concentrating

Frequency

In the past week, have you found it difficult to concentrate on what you were doing or on things going on around you? Has your concentration changed since the event(s)? How much of the time have you had difficulty concentrating?

- 0 None of the time
- 1 Very little of the time (less than 10%)
- ☒ 2 Some of the time (approx 20-30%)
- 3 Much of the time (approx 50-80%)
- 4 Most or all of the time (more than 80%)

Description/Examples:Intensity

How difficult was it for you to concentrate? [In rating this item include observations of concentration and attention in the interview]

- 0 No difficulty with concentration
- 1 Mild, only slight effort needed to concentrate
- ☒ 2 Moderate, definite loss of concentration, but could concentrate with effort
- 3 Severe, marked loss of concentration, even with effort
- 4 Extreme, complete inability to concentrate

C	L
QV	QV
F	F
I	I

## (15) hypervigilance

Frequency

In the past week, have you been especially alert or watchful, even when there was no obvious need to be? Is this different from how you felt or acted before the event(s)? How much of the time have you been alert or watchful?

- 0 None of the time
- 1 Very little of the time (less than 10%)
- ☒ 2 Some of the time (approx 20-30%)
- 3 Much of the time (approx 50-80%)
- 4 Most or all of the time (more than 80%)

Description/Examples:Intensity

How much effort did you make to try to be aware of everything around you? [In rating this item include observations of hypervigilance during the interview]

- 0 No hypervigilance
- ☒ 1 Mild, minimal hypervigilance, slight heightening of awareness
- 2 Moderate, hypervigilance clearly present, watchful in public (e.g., chooses safe place to sit in a restaurant or movie theater)
- 3 Severe, marked hypervigilance, very alert, scans environment for danger, exaggerated concern for safety of self (and home and family)
- 4 Extreme, excessive hypervigilance, efforts to ensure safety consume significant time and energy, and may involve extensive safety-checking behaviors, marked guarded behavior during interview

C	L
QV	QV
F	F
I	I

## (16) exaggerated startle response

Frequency

In the past week, have you experienced strong startle reactions to loud, unexpected noises (e.g., car backfires, fireworks, doorslams, etc.) or things that you saw (e.g., movement in the corner of your eye)? Is this different from how you were before the event(s)? How often has this happened?

- 0 Never  
 ① Once  
 2 Two or three times  
 3 Four or five times  
 4 Daily or almost every day

Intensity

At their worst, how strong were these startle reactions?

- 0 No startle reaction  
 ① Mild, minimal reaction  
 2 Moderate, definite startle response, feels "jumpy"  
 3 Severe, marked startle response, sustained arousal following initial reaction  
 4 Extreme, excessive startle response, overt coping behavior (e.g., combat veteran who "hits the dirt")

C	L
QV	QV
F	F
I	I

Description/Examples:

## (17) physiologic reactivity upon exposure to events that symbolize or resemble an aspect of the traumatic event

Frequency

In the past week, have you experienced any physical reactions when you were faced with situations that reminded you of the event(s)? [Listen for report of symptoms such as heart racing, tremulousness, sweating, or muscle tension, but do not suggest symptoms to patient] How often?

- 0 Never  
 ① Once  
 2 Two or three times  
 3 Four or five times  
 4 Daily or almost every day

Intensity

At their worst, how strong were these physical reactions?

- 0 No physical reaction  
 ① Mild, minimal reaction  
 2 Moderate, physical reaction clearly present, reports some discomfort  
 3 Severe, marked physical reaction, reports strong discomfort  
 4 Extreme, dramatic physical reaction, sustained arousal

C	L
QV	QV
F	F
I	I

Description/Examples:Criterion D

\_\_\_\_\_ Total frequency / 6 = \_\_\_\_\_ Mean frequency

\_\_\_\_\_ Total intensity / 6 = \_\_\_\_\_ Mean intensity

## CAPS Global Ratings

- (18) Impact on Social Functioning: Have the symptoms you've told me about affected your social life? Rate the overall impact that the PTSD symptoms have had on the patient's social functioning, taking into consideration impressions of the patient's behavior as well as his/her report provided at other times during the interview.

0 = No adverse impact on social functioning  
 1 = Slight/mild impact on social functioning, some impairment  
 2 = Moderate impact on social functioning  
 3 = Severe impact on social functioning  
 4 = Extreme impact on social functioning

- (19) Impact on Occupational Functioning: Are you working now? Have the symptoms you've told me about affected your work or your ability to work? Rate the overall impact that the PTSD symptoms have had on the patient's ability to obtain and maintain employment. Take into consideration the patient's reported work history, including the number and duration of jobs, as well as the quality of work relationships. Also consider work functioning problems due to reasons other than PTSD symptoms.

0 = No adverse impact on occupational functioning  
 1 = Slight/mild impact on occupational functioning, some impairment  
 2 = Moderate impact on occupational functioning, significant impairment, intermittent employment  
 3 = Severe impact on occupational functioning, chronically unemployed  
 4 = Extreme impact on occupational functioning, not employed since event

- (20) Global Improvement: Rate total overall improvement present since the initial rating. If no earlier rating, ask how the symptoms endorsed have changed over the past 6 months. Rate the degree of change, whether or not, in your judgment, it is due to treatment.

0 = Asymptomatic  
 1 = Very much improvement  
 2 = Moderate improvement  
 3 = Slight improvement  
 4 = No improvement or not sufficient information

(21) Rating Validity: Total number of QV's circled on interview form: \_\_\_\_\_.

Estimate the overall validity of the ratings obtained. Factors that may affect validity include the patient's cooperativeness and his/her attempts to appear more or less symptomatic than is actually the case. Furthermore, the type and intensity of PTSD symptoms present may interfere with the patient's concentration, attention, or ability to communicate in a coherent fashion.

- 0 = Excellent, no reason to suspect invalid responses
- 1 = Good, factor(s) present that may adversely affect validity
- 2 = Fair, factor(s) present that definitely reduce validity
- 3 = Poor, very low validity
- 4 = Invalid responses, suspect deliberate "faking bad" or "faking good"

(22) Global Severity: Interviewer's judgment of the overall intensity of the patient's PTSD symptoms. Consider the degree of distress reported by the patient, the symptoms observed, and the functional impairment reported. Your judgment is required with respect to the emphasis placed on particular information as well as the accuracy of patient reporting. This judgment should be based on information obtained during this interview only.

- 0 = Asymptomatic
- 1 = Slight/mild symptoms, little functional impairment
- 2 = Moderate symptoms, but functions satisfactorily with effort
- 3 = Severe symptoms, limited functioning even with effort
- 4 = Extreme symptoms, pervasive impairment

E. *Associated or hypothesized features*

## (23) guilt over acts of commission or omission

Frequency

In the past week, have you felt guilty about behavior you engaged in or about your failure to act in a specific way during the event(s)? How much of the time?

- 0 None of the time  
 1 Very little of the time (less than 10%)  
 2 Some of the time (approx 20-30%)  
 3 Much of the time (approx 50-60%)  
 4 Most or all of the time (more than 80%)

Description/Examples:Intensity

At their worst, how strong were these feelings of guilt?

- 0 No guilt  
 1 Mild, minimal guilt  
 2 Moderate, guilt clearly present but still manageable  
 3 Severe, considerable guilt, marked discomfort not readily managed  
 4 Extreme, excessive guilt, feels tormented by self-condemnation

C	L
QV	QV
F	F
I	I

## (24) survivor guilt

Frequency

In the past week, have you felt guilty about surviving the event(s) when others (around you) did not? How much of the time?

- 0 None of the time  
 1 Very little of the time (less than 10%)  
 2 Some of the time (approx 20-30%)  
 3 Much of the time (approx 50-60%)  
 4 Most or all of the time (more than 80%)

Description/Examples:Intensity

At their worst, how strong were these feelings of guilt?

- 0 No guilt  
 1 Mild, minimal guilt  
 2 Moderate, guilt clearly present but still manageable  
 3 Severe, substantial guilt, marked discomfort not readily managed  
 4 Extreme, excessive guilt, feels tormented by self-condemnation

C	L
QV	QV
F	F
I	I



## (25) homicidality

Frequency

In the past week, have there been times when you felt like seriously harming or even killing someone? Is this different from how you were before the event(s)? How often have you felt this way?

- ① Never  
 1 Once  
 2 Two or three times  
 3 Four or five times  
 4 Daily or almost every day

Description/Examples:Intensity

At their worst, how strong were these feelings of wanting to harm or kill someone?

- ① No homicidal ideation  
 1 Mild, only slight homicidal ideation  
 2 Moderate, definite homicidal ideation, but no actual homicidal intent  
 3 Severe, strong homicidal ideation, has seriously considered homicide, but has not formulated definite plan  
 4 Extreme, very strong homicidal feelings, has formulated plan or acted with homicidal intent

C	L
QV	QV
F	F
I	I

## (26) disillusionment with previously esteemed authority and authority figures

Frequency

In the past week, have you had thoughts that you were let down, misled, or betrayed by authority figures during or after the event(s)? How much of the time?

- 0 None of the time  
 1 Very little of the time (less than 10%)  
 ② Some of the time (approx 20-30%)  
 3 Much of the time (approx 50-50%)  
 4 Most or all of the time (more than 80%)

Description/Examples:Intensity

At their worst, how strong were these feelings of being let down by authority?

- 0 No disillusionment  
 1 Mild, minimal disillusionment  
 ② Moderate, definite disillusionment, but can still effectively interact with those in authority  
 3 Severe, considerable disillusionment, difficulty interacting with those in authority  
 4 Extreme, complete disillusionment, unable to interact with those in authority

C	L
QV	QV
F	F
I	I

## (27) feelings of hopelessness

Frequency

In the past week, have you felt that there was little or no hope of improving how you feel or improving the situation in which you find yourself? Is this different from how you were before the event(s)? How much of the time have you felt this way?

- 0 None of the time  
 1 Very little of the time (less than 10%)  
 2 Some of the time (approx 20-30%)  
 3 Much of the time (approx 50-60%)  
 4 Most or all of the time (more than 80%)

Description/Examples:Intensity

At their worst, how strong were these feelings of hopelessness? [Consider patient's plans for treatment, goals for occupational and social endeavors.]

- 0 No hopelessness  
 1 Mild, slight loss of hope  
 2 Moderate, definite loss of hope, but still able to function effectively  
 3 Severe, considerable loss of hope, feels like "giving up"  
 4 Extreme, complete loss of hope, sees any attempt to improve as futile

C	L
QV	QV
F	F
I	I

## (28) memory impairment, forgetfulness

Frequency

In the past week, have you had difficulty remembering things from the recent past? Is this different from how you were before the event(s)? How much of the time have you had difficulty remembering things?

- 0 None of the time  
 1 Very little of the time (less than 10%)  
 2 Some of the time (approx 20-30%)  
 3 Much of the time (approx 50-60%)  
 4 Most or all of the time (more than 80%)

Description/Examples:Intensity

How much difficulty did/do you have remembering things from the recent past? [In rating this item include observations of short-term memory deficits interview]

- 0 No difficulty  
 1 Mild, slight memory impairment, minor forgetfulness  
 2 Moderate, definite memory impairment, but still able to remember most things well  
 3 Severe, considerable memory impairment, forgets many things easily  
 4 Extreme, profound memory impairment, forgets even important events or appointments

C	L
QV	QV
F	F
I	I

## (29) sadness and depression

Frequency

In the past week, have there been times when you felt sad, blue, or down in the dumps? Is this different from how you were before the event(s)? How much of the time have you felt sad or blue?

- 0 None of the time
- 1 Very little of the time (less than 10%)
- ② Some of the time (approx 20-30%)
- 3 Much of the time (approx 50-60%)
- 4 Most or all of the time (more than 80%)

Description/Examples:Intensity

At their worst, how strong were these feelings of sadness or depression?

- 0 No sadness or depression
- 1 Mild, minimal sadness or depression
- ② Moderate, definite sadness or depression; but still manageable
- 3 Severe, considerable depression, reports feeling stuck in sad or depressed mood
- 4 Extreme, overwhelming or incapacitating depression

C	L
QV	QV
F	F
I	I

## (30) feelings of being overwhelmed

Frequency

In the past week, have there been times when you felt overwhelmed or unable to handle the pressure on you? Is this different from how you were before the event(s)? How much of the time have you felt this way?

- 0 None of the time
- ① Very little of the time (less than 10%)
- 2 Some of the time (approx 20-30%)
- 3 Much of the time (approx 50-60%)
- 4 Most or all of the time (more than 80%)

Description/Examples:Intensity

At their worst, how strong were these feelings of being overwhelmed?

- 0 No feelings of being unable to handle pressure
- ① Mild, slight feelings of being unable to handle pressure
- 2 Moderate, definite feelings of being unable to handle pressure, but still able to function
- 3 Severe, strong feelings of being unable to handle pressure
- 4 Extreme, immobilizing feelings of being unable to handle pressure, feels completely overwhelmed

C	L
QV	QV
F	F
I	I

END OF CAPS-2 INTERVIEW.

CODE SUMMARY SHEET.

## CAPS-2 SUMMARY SHEET

Patient: \_\_\_\_\_ Pt#: \_\_\_\_\_ Clinician: \_\_\_\_\_ Date: \_\_\_\_\_

## PTSD Symptoms

A. Traumatic event: \_\_\_\_\_

B. The traumatic event is persistently reexperienced:

Freq Ints

- (1) recurrent and intrusive recollections
- (2) distress when exposed to events
- (3) acting or feeling as if event recurring
- (4) recurrent distressing dreams of event

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

Reexperiencing intensity and frequency sums

\_\_\_\_

Reexperiencing intensity and frequency means

\_\_\_\_

C. Persistent avoidance of stimuli/numbing of responsiveness

- (5) efforts to avoid thoughts or feelings
- (6) efforts to avoid activities or situations
- (7) inability to recall trauma aspects
- (8) markedly diminished interest in activities
- (9) feelings of detachment or estrangement
- (10) restricted range of affect
- (11) sense of a foreshortened future

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

Avoidance/numbing intensity and frequency sums

\_\_\_\_

Avoidance/numbing intensity and frequency means

\_\_\_\_

D. Persistent symptoms of increased arousal

- (12) difficulty falling or staying asleep
- (13) irritability or outbursts of anger
- (14) difficulty concentrating
- (15) hypervigilance
- (16) exaggerated startle response
- (17) physiologic reactivity

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

Increased arousal intensity and frequency sums

\_\_\_\_

Increased arousal intensity and frequency means

\_\_\_\_

OVERALL SYMPTOM INTENSITY AND FREQUENCY SUMS

\_\_\_\_

OVERALL SYMPTOM INTENSITY AND FREQUENCY MEANS

\_\_\_\_

## CAPS Global Ratings

(18)	impact on social functioning	_____
(19)	impact on occupational functioning	_____
(20)	global improvement	_____
(21)	rating validity	_____
(22)	global severity	_____

## Hypothesized or Associated Features

	<u>Freq</u>	<u>Ints</u>
(23) guilt over acts of commission or omission	_____	_____
(24) survival guilt	_____	_____
(25) homicidality	_____	_____
(26) disillusionment with authority	_____	_____
(27) feelings of hopelessness	_____	_____
(28) memory impairment, forgetfulness	_____	_____
(29) sadness and depression	_____	_____
(30) feelings of being overwhelmed	_____	_____